



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E286872**

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

TRIBAL RESERVATION ☐

CASE # **13-02927**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **03** OBJECT STRUCK ☐

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11** - **19** - **2013** **1811** **31** ☐ N ☐ E ☐ IN ☒ **0664**
S ☐ W ☐ OF ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR **9 NE** BLOCK NO. ☒ **3400** MILE POST ☐

DISTANCE **300** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **SR 92**
FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252538614**

LAST NAME **OLEARY** FIRST NAME **SHANNON** MIDDLE INITIAL **M**

STREET NEW ADDRESS **936 UNION AVE**

CITY **MARYSVILLE** ST **WA** ZIP **98270**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **OLEARSM199BN** STATE **WA** SEX **F** D.O.B. **01** - **15** - **1981**

ON DUTY ☐ STATUS ☐ AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **BROKEN RIGHT FOOT/UPPER CHEST PAIN**

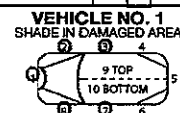
LICENSE PLATE # **AMG3414** STATE **WA** VIN# **1B3HB48BX7D354042**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2007** MAKE **DODG** MODEL **CALIBE** STYLE ☐ VEHICLE TOWED YES ☒ NO ☐ TOWED BY **GRANITE FALLS TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE ☒ INSURANCE CO. & POLICY # **PROGRESSIVE 75878388-9** VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253341026** **N: 4252313222**

LAST NAME **WHITLOW** FIRST NAME **KRISTI** MIDDLE INITIAL **M**

STREET NEW ADDRESS **7028 46TH ST NE**

CITY **MARYSVILLE** ST **WA** ZIP **98270**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **WHITLKM329OP** STATE **WA** SEX **F** D.O.B. **09** - **17** - **1988**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **BACK AND NECK PAIN/BROKEN ANKLE**

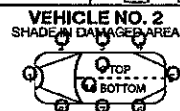
LICENSE PLATE # **779XHA** STATE **WA** VIN# **JTEHH20V610066407**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2001** MAKE **TOYT** MODEL **RAV4** STYLE ☐ VEHICLE TOWED YES ☒ NO ☐ TOWED BY **SPEEDWAY TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE ☒ INSURANCE CO. & POLICY # **USAA 006565637** VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **72** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E286872**

CASE # **13-02927**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|--|-------------------------------------|--------------------|--|--------------|--|--------|--|--------|--|-------|--|---------------|--|-----------------|--|--------------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | LEWIS CHRISTOPHER A | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 19016 CROWN RIDGE BLVD ARLINGTON WA 98223 | | | | | | | | | | | | | | | | | |
| SEX | | M | | D.O.B. MMDDYYYY | | | | | | | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input checked="" type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| SEX | | | | D.O.B. MMDDYYYY | | | | | | | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| SEX | | | | D.O.B. MMDDYYYY | | | | | | | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

| | | | |
|-----------------------------------|-----------|------------------------------|------------------|
| W. AUKERMAN | | 11-20-13 07:08 PM | |
| INVESTIGATING OFFICER'S SIGNATURE | | UNIT OR DIST. DET | |
| DATED | | PLACE SIGNED | |
| APPROVED BY | | DATE | |
| BOB SUMMERS 079 | | 11/21/2013 3:05:05 PM | |
| BADGE OR ID # | 72 | ORI # | WA0311900 |
| TIME POLICE DISPATCHED | | TIME POLICE ARRIVED | |
| 6:12 PM | | 6:14 PM | |

NARRATIVE

On 11/19/2013 at about 1812 hours (all times approximate) I was radio dispatched to a blocking injury vehicle collision involving three vehicles on SR 9 south of SR 92 in the city of Lake Stevens. Arriving on scene I observed the three vehicles involved to be blocking the inside lane of northbound SR 9 in about the 3400 block. I noted there were two SCSO deputies, an LSPD command staff officer and aid personnel already on scene. I noted one male subject, who had been driving a pickup displaying #B16357X registered to a Christopher Lewis in Arlington, was sitting in the backseat of U2 holding the female driver's head and neck still while aid personnel treated her and others on the scene.

It should be noted at this time of the evening the vehicle traffic is heavy at this location and all vehicle traffic had to be diverted onto the shoulder of the roadway for about an hour while emergency responders worked the scene. At this location on SR 9 the speed limit is posted 55 mph and there are two northbound lanes of travel (one lane of travel being a right turn only lane to eastbound SR 92) and there are two southbound lanes of travel with the north and southbound lanes being divided by a cement barrier. The collision scene occurred about 300 feet south of the intersection of SR 9 and SR 92. The intersection of SR 9 and SR 92 is controlled by traffic lights.

Based on evidence and statements made at the scene of the collision it is found that all three units involved had been traveling northbound on SR 9 and were traveling in the inside lane of travel. The driver of U1 stated her vehicle windows were fogging up so she was manipulating the defrost controls located on the center dash/console of the vehicle; which drew her attention away from her watching the roadway. The driver of U1 stated when she looked back up to the roadway she seen the back of the vehicle that she had been following to now be approaching quickly. The driver of U1 stated she attempted to stop, by breaking hard, and that her vehicle was not stopping fast enough. U1 struck the back of U2 with great force and energy causing U2 to strick the back of U3 with great force and energy. When I asked the driver of U1 about any possible brake defects she stated she has only noticed her brakes to squeal when she has been out hiking and the vehicle is on wet dirty roads. The driver of U1 and the driver of U2 were stated to be coworkers at the nearby Everett clinic and that they had just gotten off of work.

The driver of U1 declined aid assistance and claimed she believed her right foot was broken. I also noted that the driver of U1 at times would grasp her upper chest in pain.

The drivers of U2 and U3 complained of major pain to their neck and back. Both driver's of U2 and U3 were transported to the hospital by aid car.

All three vehicles were towed from the scene (U1-Granite Falls Towing/U2 and U3-Speedway towing).

The driver of U1 was taken by one of the fire/aid personnel to the Everett Clinic where the driver of U1 claimed she was going to meet a friend who was responding from Mill Creek to take her to the hospital.

The roadway was opened back up to normal traffic at about 1919 hours.

On 11/20/2013 I received additional follow up information from the drivers of U2 and U3. I receieved their written statements and confirmation of identity. I also received their contact information and insurance information. All additional follow information has been added to the case report.

I also received an email from the husband of U2 who claimed his wife had received a broken ankle as a result of the collision.

Both drivers of U2 and U3 claimed to have been stopped in traffic due to the red light at SR 9 and SR 92.

I also spoke to the driver of U1 who informed me she had not broken her foot and that she had damaged the tendons in her foot.



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E286872**

CASE # **13-02927**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 3603868856

N: 4252695302

LAST NAME

ALONSO

FIRST NAME

BRIDGETT

MIDDLE INITIAL

J

STREET NEW ADDRESS

18419 DOGWOOD LN

CITY

ARLINGTON

ST

WA

ZIP

98223

GDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

ALONSOBJ243PKI

STATE

WA

SEX

F

D.O.B.

MMDDYYYY

10

-

12

-

1976

ON DUTY ☐

STATUS

AIRBAG

2

RESTR

4

EJECT

1

HELMET USE

2

INJURY CLASS

7

NATURE OF INJURIES
BACK AND NECK PAIN

LICENSE PLATE #

863WLS

STATE

WA

VIN#

JTDBT903871147704

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2007

MAKE

TOYT

MODEL

YARIS

STYLE

VEHICLE TOWED YES ☒ NO ☐

TOWED BY

SPEEDWAY TOWING

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY #

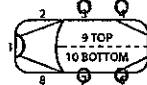
USAA 017226230R

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

ODL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

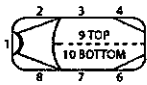
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

11-20-13 07:08 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

72

ORI #

WA0311900

APPROVED BY

SUMMERS

DATE

11/21/201

PAGE

4

OF

5

REPORT NO. E286872

CASE # 13-02927

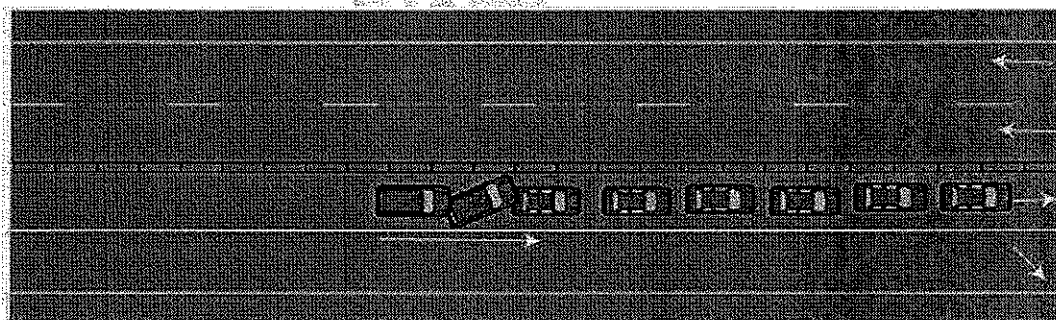
DATE AND TIME OF COLLISION 11/19/13 18:11

*

NOT TO SCALE



SR 9 NE



TO SR 92 →
300 FEET TO THE NORTH

EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**

AGENCY: **LAKE STEVENS PD**

COLLISION: **11/19/13 06:11 PM**

DISPATCH: **11/19/13 06:12 PM**

ARRIVAL: **11/19/13 06:14 PM**

CASE#: **13-02927**

LOCATION: **SR 9 NE BN:3400**

300.00 FEET SOUTH OF SR 92

NARRATIVE/ NOTES:

| | | | |
|--|------------------------|--|---------------------------------------|
| UNIT 1: | MOTOR VEHICLE - | 2007 DODGE CALIBER PLATE: AMG3414 (WA) | TOWED BY: GRANITE FALLS TOWING |
| DRIVER: SHANNON M OLEARY | | VEH OWNER: | |
| ADDRESS: 936 UNION AVE MARYSVILLE, WA 98270 | | ADDRESS: | |
| DL #: OLEARSM199BN | | STATE: WA | |
| PHONE: | | PHONE: | |
| ALT PHONE: | | ALT PHONE: | |
| INSURED BY: PROGRESSIVE | | INSURED BY: | |
| POLICY #: 75878388-9 | | POLICY #: | |
| UNIT 2: | MOTOR VEHICLE - | 2001 TOYOTA RAV4 PLATE: 779XHA (WA) | TOWED BY: SPEEDWAY TOWING |
| DRIVER: KRISTI M WHITLOW | | VEH OWNER: | |
| ADDRESS: 7028 46TH ST NE MARYSVILLE, WA 98270 | | ADDRESS: | |
| DL #: WHITLKM329OP | | STATE: WA | |
| PHONE: | | PHONE: | |
| ALT PHONE: | | ALT PHONE: | |
| INSURED BY: UNKNOWN | | INSURED BY: | |
| POLICY #: 12345 | | POLICY #: | |
| UNIT 3: | MOTOR VEHICLE - | 2007 TOYOTA YARIS PLATE: 863WLS (WA) | TOWED BY: SPEEDWAY TOWING |
| DRIVER: UNKNOWN | | VEH OWNER: BRIDGETT ALONSO | |
| ADDRESS: 16419 DOGWOOD LN ARLINGTON, WA 98223 | | ADDRESS: 16419 DOGWOOD LN ARLINGTON, WA 98223 | |
| DL #: | | STATE: | |
| PHONE: | | PHONE: | |
| ALT PHONE: | | ALT PHONE: | |
| INSURED BY: UNKNOWN | | INSURED BY: UNKNOWN | |
| POLICY #: 12345 | | POLICY #: 12345 | |

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER **13-02927**

VICTIM / WITNESS

| | | | | | | | | | | |
|--|---|--|-----------------|--|-----------------------|---------------------|------------------|-----------------------------|-------------------|--------------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Whitlow, Kristi Marie | RACE Cauc | ETH F | SEX F | DOB 9-17-68 | AGE 45 | HGT 54 | WGT 110 | HAIR BR | EYES GRN |
| STREET ADDRESS 7028-46th ST NE | | CITY Marysville | | STATE WA | | ZIP 98270 | | RES. STATUS Legal | | |
| HOME PHONE (425) 337-1026 | | CELL PHONE (425) 231-3222 | | PLACE OF EMPLOYMENT The Everett Clinic | | | | | | |
| WORK PHONE (425) 397-1762 | | EMAIL ADDRESS KristiWhitlow2@comcast.net | | | | | | | | |

I, Kristi Whitlow, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

About 6:10pm 11-19-13 I was stopped @ a red light going North on Hwy 9. I was rear ended by a vehicle going fast. My car was catapulted into the car in front of me and the bounced off hitting the guard rail. Both the driver who hit me & the driver that was in front of me got out of their vehicles. I was stuck in my vehicle & could not get out. I was the only passenger in my car. I was driving home from work (Lake Stevens Everett Clinic) I recognized the driver who hit me as our lab girl Shannon.

*I was stopped @ the red light for about 10 seconds before I was rear ended.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---------------------------------------|-----------------------------------|---|
| SIGNATURE: <i>[Signature]</i> | DATE SIGNED 9/20/13 | LOCATION SIGNED Lake Stevens Clinic (Stopped In |
| OFFICER/NUMBER: <i>[Signature]</i> | DATE SIGNED Rec 9/20/13 | LOCATION SIGNED LSPD Rec. parking lot |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE OF

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02927

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J T E H 4 2 0 V 6 1 0 0 6 6 4 0 7

LICENSE

779XAA

STATE

WA

YEAR

01

MAKE

TOYT

MODEL

RAV 4

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4 DR

COLOR

DRIVER

NAME (LAST, FIRST, MI)

WHITLOW, KRISTI M

STREET ADDRESS

7028 46TH ST NE

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

WHITLOW, KRISTI M

STREET ADDRESS

7028 46TH ST NE

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAMIE

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1839 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING

TO REMOVE THIS VEHICLE FROM 3400 SR 9 NE (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

88002

DATE

11/19/13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|--|--------------------------|-----------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED | <input type="checkbox"/> FRONT SHADE DAMAGED AREA | | |
| <input type="checkbox"/> KEYS [] | <input type="checkbox"/> R FRONT | | |
| <input type="checkbox"/> AUTO STEREO | <input type="checkbox"/> R SIDE | | |
| <input type="checkbox"/> AUDIO TAPES / CD'S [] | <input type="checkbox"/> R REAR | | |
| <input type="checkbox"/> CB RADIO | <input type="checkbox"/> L FRONT | | |
| <input type="checkbox"/> RADAR DETECTOR | <input type="checkbox"/> L SIDE | | |
| <input type="checkbox"/> TRUNK LOCKED | <input type="checkbox"/> L REAR | | |
| <input type="checkbox"/> SPARE TIRE | <input type="checkbox"/> REAR | | |
| <input type="checkbox"/> JACK | <input type="checkbox"/> TOP | | |
| <input type="checkbox"/> CHAINS | <input type="checkbox"/> UNDERCARRIAGE | | |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ | | |

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

3 UPH COLLISION

ORIGINAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOONISH

BADGE NO. 10

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X



Robert J. Whitlow

USAA
NUMBER:

656 56 37

Member Since: 1989

Auto & Property Insurance

Auto & Property Claims

Roadside Assistance

Banking

Investments

Life Insurance

Financial Advice

Shopping & Discounts

(800) 531-8111

(800) 531-8222

(800) 531-8655

(800) 531-2265

(800) 531-8181

(800) 531-8000

(800) 292-8031

(800) 531-8430

usaa.com

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02927

VICTIM / WITNESS

| | | | | | | | | | | |
|--------------------------------------|--|---|----------|----------|------------------------------|--------------|--------------|------------|-------------|---------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Alonso, Bridgett Jennifer | RACE W | ETH W | SEX F | DOB 10-12-1976 | AGE 37 | HGT 5'10" | WGT 192 | HAIR Red | EYES Green |
| STREET ADDRESS 16419 Dogwood Lane | | CITY Arlington | | | STATE WA | ZIP 98223 | RES. STATUS | | | |
| HOME PHONE 360-386-8856 | | CELL PHONE 425-269-5302 | | | PLACE OF EMPLOYMENT NWRDC | | | | | |
| WORK PHONE 425-349-6418 | | EMAIL ADDRESS bridgettalonso@yahoo.com | | | | | | | | |

I, Bridgett Alonso, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

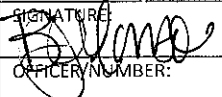
I was traveling northbound on Highway 9 on Tuesday November 19th, 2013 at approximately 6:05pm. I was stopped at the intersection of Highway 9 & SR 92 as the stop light at the intersection was red.

I saw a bright white light to my left, heard a very loud noise, similar to the sound of an explosion. I then felt my car get hit from behind & my car subsequently moved forward from the impact.

I got out of my car to see what had happen. The vehicle that struck me was a Toyota RAV-4. The RAV-4 was silver or gold - the ^{driver} ~~passenger~~ was a woman who stated she could not get out of her vehicle. The car that hit the ~~RAV-4~~ RAV-4 was a Dodge Caliber or something similar but I saw the ~~Dodge~~ Dodge emblem on the front of the car. It appeared to be black in color. The woman driving the Dodge was outside of her vehicle, picking up items that appered to have fallen out of her car. I called 9-1-1 to ~~the~~ request help. I returned to my vehicle.

After emergency vehicles started arriving, they came to assist me. I was put on a back board & a C-collar was placed around my neck.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|--|---------------------------|------------------------------|
| SIGNATURE  | DATE SIGNED 11/20/2013 | LOCATION SIGNED Arlington |
| OFFICER NUMBER: | DATE SIGNED | LOCATION SIGNED |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02927

**TOW / IMPOUND
AND INVENTORY RECORD**

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☒ REGISTERED OWNER MAY REDEEM _____

- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

| | | | |
|---|-------------|---------------|----------------|
| VIN J T D B T 9 0 3 8 7 1 1 4 7 7 0 4 | | | |
| LICENSE 863 WLS | STATE WA | YEAR 07 | MAKE TOYOTA |
| MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital | | STYLE 4 DR | MODEL YARIS |
| | | COLOR GRAY | |

DRIVER

NAME (LAST, FIRST, MI)
ALONSO, BRIDGETT
 STREET ADDRESS
16419 OGDENWOOD LN
 CITY, STATE, ZIP CODE
ARLINGTON, WA 98223
 PHONE _____ DOB _____

REGISTERED OWNER

NAME (LAST, FIRST, MI)
ALONSO, BRIDGETT
 STREET ADDRESS
16419 OGDENWOOD LN
 CITY, STATE, ZIP CODE
ARLINGTON, WA 98223
 PHONE _____

LEGAL OWNER

NAME (LAST, FIRST, MI)
WELLS FARGO
 STREET ADDRESS
PO BOX 997517
 CITY, STATE, ZIP CODE
SACRAMENTO, CA 95899
 PHONE _____

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1837 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING
 TO REMOVE THIS VEHICLE FROM 3400 SR 9 NR (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 01 DATE 11-19-13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|---|--------------------------|-----------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED | <input type="checkbox"/> FRONT SHADE DAMAGED AREA | | |
| <input type="checkbox"/> KEYS [] | <input type="checkbox"/> R FRONT | | |
| <input type="checkbox"/> AUTO STEREO | <input type="checkbox"/> R SIDE | | |
| <input type="checkbox"/> AUDIO TAPES / CD'S [] | <input type="checkbox"/> R REAR | | |
| <input type="checkbox"/> CB RADIO | <input type="checkbox"/> L FRONT | | |
| <input type="checkbox"/> RADAR DETECTOR | <input type="checkbox"/> L SIDE | | |
| <input type="checkbox"/> TRUNK LOCKED | <input type="checkbox"/> L REAR | | |
| <input type="checkbox"/> SPARE TIRE | <input type="checkbox"/> REAR | | |
| <input type="checkbox"/> JACK | <input type="checkbox"/> TOP | | |
| <input type="checkbox"/> CHAINS | <input type="checkbox"/> UNDERCARRIAGE | | |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ | | |

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

| | |
|--|---|
| | (List reason(s) for impound.) 3. VEH COLLISION |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X [Signature] SNOWHISH BADGE NO. 126

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

LSPD
ORIGINAL

EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**

COLLISION: **11/19/13 06:11 PM**

CASE#: **13-02927**

AGENCY: **LAKE STEVENS PD**

DISPATCH: **11/19/13 06:12 PM**

LOCATION: **SR 9 NE BN:3400**

NARRATIVE/ NOTES:

ARRIVAL: **11/19/13 06:14 PM**

300.00 FEET SOUTH OF SR 92

| | | | |
|--|------------------------|--|---------------------------------------|
| UNIT 1: | MOTOR VEHICLE - | 2007 DODGE CALIBER PLATE: AMG3414 (WA) | TOWED BY: GRANITE FALLS TOWING |
| DRIVER: SHANNON M OLEARY | | VEH OWNER: | |
| ADDRESS: 936 UNION AVE MARYSVILLE, WA 98270 | | ADDRESS: | |
| DL #: OLEARSM199BN | | STATE: WA | |
| PHONE: | | PHONE: | |
| ALT PHONE: | | ALT PHONE: | |
| INSURED BY: PROGRESSIVE | | INSURED BY: | |
| POLICY #: 75878388-9 | | POLICY #: | |
| UNIT 2: | MOTOR VEHICLE - | 2001 TOYOTA RAV4 PLATE: 779XHA (WA) | TOWED BY: SPEEDWAY TOWING |
| DRIVER: KRISTI M WHITLOW | | VEH OWNER: | |
| ADDRESS: 7028 46TH ST NE MARYSVILLE, WA 98270 | | ADDRESS: | |
| DL #: WHITLKM329OP | | STATE: WA | |
| PHONE: | | PHONE: | |
| ALT PHONE: | | ALT PHONE: | |
| INSURED BY: UNKNOWN | | INSURED BY: | |
| POLICY #: 12345 | | POLICY #: | |
| UNIT 3: | MOTOR VEHICLE - | 2007 TOYOTA YARIS PLATE: 863WLS (WA) | TOWED BY: SPEEDWAY TOWING |
| DRIVER: UNKNOWN | | VEH OWNER: BRIDGETT ALONSO | |
| ADDRESS: 16419 DOGWOOD LN ARLINGTON, WA 98223 | | ADDRESS: 16419 DOGWOOD LN ARLINGTON, WA 98223 | |
| DL #: | | STATE: | |
| PHONE: | | PHONE: | |
| ALT PHONE: | | ALT PHONE: | |
| INSURED BY: UNKNOWN | | INSURED BY: UNKNOWN | |
| POLICY #: 12345 | | POLICY #: 12345 | |

LSPD
ORIGINAL

Incident History for: #SS13025504 Xref: #S013195792 #AG13003301

Case Numbers: \$SS13002927

Entered 11/19/13 18:11:58 BY SPCT09 SP0137
Dispatched 11/19/13 18:12:52 BY SPDP17 SP0339
Enroute 11/19/13 18:12:52
Onscene 11/19/13 18:14:30
Closed 11/19/13 19:19:08

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T
Loc: SR 9 NE/SR 92 , LKS (V)

Loc Info:
Name: MERIEL Addr: Phone: 4253306250

/1811 (SP0137) ENTRY , 2 VEHS UNK INJ
/1812 CROSS #AG13003301
/1812 (SP0263) SUPP TXT: ON SR 9, SO SR 92, 3 VEHS, BLK PC REAR ENDE
D TOYOTA RAV, VS ANOTHER VEH, FEM W/ UNK EXT INJ

/1812 (SP0137) SUPP NAM: MERIEL,
PHO: 4253306250,
TXT: BLKING ON SR 9 JUST S/O INTERSECTION NO VEH
DESC
/1812 (SP0339) DISPER SS1930 #SS72 AUKERMAN, OFFICER (WAYNE)
/1812 (SP0263) SUPP TXT: **BAL TO MVC** FEM W/ NECT INJ, RP FEELING
SYNCPAL
/1813 SUPP TXT: RP IN GRY TOYOTA YARIS, HIT BY RAV 4 THAT W
AS HIT BY A BLK PC
/1813 (SP0339) ASSTER SS1940 #SS120 BERNHARD, OFFICER (KERRY)
/1813 ASSTER SS1942 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1813 (SP0346) SUPP NAM: ALONSO, BRIGETTE,
PHO: 4252695302,
TXT: 31S OS, ADV 2 INJ FEMALES W/NECK AND BACK P
AIN
/1814 (SP0339) CROSS #S013195792
/1814 ASSTOS SS1902 [SR 9 NE/SR 92 , LKS]
#SS129 TAYLOR, COMMANDER (DENNIS)
/1816 (SP0346) SUPP NAM: ALONSO, BRIGETTE,
PHO: 4252695302,
TXT: PER 31S A THIRD PATIENT HAS NECK AND BACK I
NJ... WILL NEED ADDITIONAL AID CAR

/1816 (SP0339) ONSCNE SS1942
/1817 (SS72) *ONSCNE SS1930
/1817 (***** REMINQ SS1942 779XHA
/1817 (SP0339) REMINQ SS1942 LIC, 1942, 779XHA, , ,
/1817 (***** REMINQ SS1942 B16357K
/1817 (SP0339) REMINQ SS1942 LIC, 1942, B16357K, , ,
/1817 (***** REMINQ SS1942 AMG3414
/1817 (SP0339) REMINQ SS1942 LIC, 1942, AMG3414, , ,
/1817 (SS120) *ONSCNE SS1940
/1818 (***** REMINQ SS1942 863WLS
/1818 (SP0339) REMINQ SS1942 LIC, 1942, 863WLS, , ,
/1818 (***** REMINQ SS1942 AMG3414
/1818 (SP0339) REMINQ SS1942 LIC, 1942, AMG3414, , ,
/1823 ASNCAS SS1930 \$SS13002927
/1824 ROTREQ SS1930 TOW 5264 LKS GRANITE FALLS TOWING
3606917666

LEAD
ORIGINAL

| | | |
|----------------|--------|---|
| /1826 | MISC | SS1930 ,GRANITE ER FOR 1 |
| /1826 | ROTREQ | SS1930 TOW 5099 LKS MACK'S TOWING 3605683131 |
| /1827 | ROTREQ | SS1930 TOW 5348 LKS SPEEDWAY TOWING INC 3605635630 ,MACK'S NOT AVAIL |
| /1828 | MISC | SS1930 ,SPEEDWAY FOR 2 |
| /1829 | MISC | SS1930 ,GRF TOW OS |
| /1830 (SS72) | *MISC | SS1930 ,1-PROGRESSIVE 75878388-9 253-861-4900 OLEARSM19 9BN |
| /1840 (SP0263) | SUPP | NAM: ALONSO, BRIGETTE, PHO: 4252695302, TXT: HUSB TO ALONSO, BRIDGETTE WANTS TO KNOW WHE RE HIS WIFE IS BEING TRANSPORT ED (360)386-8856 |
| /1850 (SP0370) | SUPP | TXT: SPEEDWAY TOWING ABOUT 2 BLKS OUT STUCK IN T RAFFIC |
| /1852 (SP0339) | MISC | SS1942 ,SPEEDWAY OS |
| /1855 | CLEAR | SS1902 |
| /1904 | CLEAR | SS1942 |
| /1919 | CLEAR | SS1930 D/H |
| /1919 | CLEAR | SS1940 D/H |
| /1919 | CLOSE | SS1940 |

1870
ORIGINAL

Incident History for: #AG13003301 Xref: #SS13025504

Case Numbers: \$AG13004110 \$AR13000769 \$AX13031831

Entered 11/19/13 18:11:54 BY SPCT09 SP0137

Dispatched 11/19/13 18:12:00 BY SPDF26 SP0153

Enroute 11/19/13 18:14:24

Onscene 11/19/13 18:18:26

Closed 11/19/13 19:35:57

Initial Type: MVCN Initial Alarm Level: 0 Final Alarm Level: 1

Final Type: MVC (MOTOR VEH COLLISION CODE RESP) Pri: 1 Dispo: 25C1

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: AG1 Beat: AG82

Src: T

Loc: SR 9 NE/SR 92 ,LKS (V)

Loc Info:

Name: ALONSO, BRIGETTE

Addr:

Phone: 4252695302

/1811 (SP0137) ENTRY , 2 VEHS UNK INJ
/1812 (SP0153) DISP E82 #AG153 BOSWELL, FF (SCOTT)
#AG141 SNYDER, FF (MIKE)
#AG222 BLUE, FF (ADAM)
/1812 \$ASNCAS E82 \$AG13004110
/1812 ASST STN82
/1812 ASST PGEND
/1812 \$ASNCAS PGEND \$AX13031831
/1812 AIQ STN82
/1812 AIQ PGEND
/1812 (SP0137) CROSS #SS13025504
/1812 (SP0263) SUPP TXT: ON SR 9, SO SR 92, 3 VEHS, BLK PC REAR ENDE
D TOYOTA RAV, VS ANOTHER VEH, FEM W/ UNK EXT INJ
/1812 (SP0137) SUPP NAM: MERIEL,
PHO: 4253306250,
TXT: BLKING ON SR 9 JUST S/O INTERSECTION NO VEH
DESC
/1812 (SP0263) SUPP TXT: **BAL TO MVC** FEM W/ NECT INJ, RP FEELING
SYNCPAL
D/25N1
/1812 (SP0137) GDISPO Type changed to T/MVC
/1813 (SP0153) BALNCE
/1813 (SP0263) SUPP TXT: RP IN GRY TOYOTA YARIS, HIT BY RAV 4 THAT W
AS HIT BY A BLK PC
/1813 (SP0153) ASST M82 #AG114 GILDEN, FF/PM (JIM)
#AG155 SHEA, FF (MICHAEL)
/1813 ASST E81 #AG173 LERVOLD, FF (GARTH)
#AG147 MULLIGAN, FF (JOE)
#AG234 CHESTER, FF (CODY)
/1813 ASST A68 #ARE229 FROMM, R. -F[E, WL]
#ARE248 LENGKEEK, B. -F
/1813 \$ASNCAS A68 \$AR13000769
/1813 ASST STN82
/1813 ASST PGEND
/1813 AIQ STN82
/1813 AIQ PGEND
/1813 (SP0263) CHANGE NAM: MERIEL --> ALONSO, BRIGETTE,
PHO: 4253306250 --> 4252695302
/1813 (SP0346) SUPP TXT: 31S OS, ADV 2 INJ FEMALES W/NECK AND BACK P
AIN
/1813 (SP0263) GDISPO E81 D/25C1
/1814 (SP0346) CROSS #S013195792
/1814 (SP0153) \$PREMPT A68

1992
ORIGINAL

| | | | | |
|-------|----------|----------|-----|--|
| /1814 | | \$ASSTER | A83 | #AG110 SMITH, FF (TED) |
| /1814 | | PREDSP | A68 | #AG227 TETERIN, FF (ARTEM) |
| /1814 | | ENROUT | E82 | A83 |
| /1815 | (M82) | *ENROUT | M82 | |
| /1815 | (E81) | *ENROUT | E81 | |
| /1815 | (SP0153) | ASSTER | B81 | #AG122 RASMUSSEN, FF/PM (RON) |
| /1815 | | ASSTER | M81 | #AG118 WEISENBERGER, FF/PM (DENNIS) |
| | | | | #AG128 NELSON, FF/PM (SHANE) |
| /1816 | | CLEAR | M81 | |
| /1816 | (SP0346) | SUPP | | TXT: PER 31S A THIRD PATIENT HAS NECK AND BACK I |
| | | | | N.J. . . WILL NEED ADDITIONAL AID CAR |
| /1817 | (SP0153) | ASST | A68 | #ARE229 FROMM, R. -F[E, WL] |
| | | | | #ARE248 LENGKEEK, B. -F |
| | | | | , 3 VEHS, MODERATE, INJ' S, SR 9 CMD |
| /1818 | | ONSCNE | E82 | |
| /1818 | (A68) | *ENROUT | A68 | [SR 9 CMD] |
| /1818 | (SP0153) | ONSCNE | E82 | , 2 YEL, 1 GRN |
| /1819 | | MISC | E82 | |
| /1820 | (E81) | *ONSCNE | E81 | |
| /1820 | (SP0153) | ONSCNE | E81 | [SR 9 CMD] |
| /1821 | | ONSCNE | B81 | , ASSUMING CMD |
| | | | | [.] |
| /1822 | | ONSCNE | E82 | |
| /1823 | | ONSCNE | A68 | , PER RADIO TRF? |
| /1823 | | ONSCNE | A83 | [PROV] |
| /1834 | | TRANS | A83 | [PROV] |
| /1836 | (A68) | *TRANS | A68 | , 042871. 9 |
| /1840 | (SP0263) | SUPP | | TXT: HUSB TO ALONSO, BRIDGETTE WANTS TO KNOW WHE |
| | | | | RE HIS WIFE IS BEING TRANSPORT ED (360) 386-8856 |
| /1841 | (SP0153) | ONSCNE | M82 | , UNK TIME |
| /1847 | (M82) | AOR | M82 | |
| /1847 | (SP0153) | TRANSC | A83 | |
| /1850 | (SP0370) | SUPP | | NAM: MERIEL, |
| | | | | PHO: 4253306250, |
| | | | | TXT: SPEEDWAY TOWING ABOUT 2 BLKS OUT STUCK IN T |
| | | | | RAFFIC |
| /1853 | (E82) | AOR | E82 | |
| /1854 | (A68) | *TRANSC | A68 | , 042880. 6 |
| /1858 | (SP0263) | CLEAR | B81 | |
| /1858 | | CLEAR | E81 | |
| /1932 | (A68) | AOR | A68 | |
| /1935 | (A83) | AOR | A83 | |
| /1935 | | CLOSE | A83 | |

1870
ORIGINAL

Incident History for: #S013195792 Xref: #SS13025504 #AG13003301

Entered 11/19/13 18:12:16 BY SPDP16 SP0346
Dispatched 11/19/13 18:12:16 BY SPDP16 SP0346
Enroute 11/19/13 18:12:16
Onscene 11/19/13 18:12:16
Closed 11/19/13 18:47:10

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: R
Police BLK: Fire BLK: Map Page: Group: S01 Beat: Src:
Loc: NB 9 AT SR 92 (NV)

Loc Info:

Name: Addr: Phone:

/1812 (SP0346) \$OUTSRV , NO MORE INFORMATION
/1812 DISPOS 31S #C1314 CALNON, MPD (MATTHEW)
/1814 CROSS #AG13003301
/1814 (SP0339) CROSS #SS13025504
/1814 (SP0346) ASSTER 2D9 [NB 9 AT SR 92]
/1814 ASSTER SOK921 #C1478 TER-VEEN, DEPUTY (WILL)
/1814 ASSTER SOK921 [NB 9 AT SR 92]
/1814 ASSTER SOK921 #C1282 FORTNEY, DEPUTY (ADAM)
/1815 (C1478) CLEAR 2D9
/1827 (SP0346) CLEAR SOK921
/1847 CLEAR 31S D/R
/1847 CLOSE 31S

177
ORIGINAL

| | | | | | |
|---|--|---|--|--------------------------------|--|
| LAKE STEVENS POLICE EVIDENCE UNIT | | Primary Officer/Badge Number <i>ANNE HANSEN #72</i> | | Case Number <i>13-02927</i> | |
| Type of Crime: Felony / Misdemeanor (Circle) | | Type of Case: <i>COLLISION</i> | | Date/Time: <i>11-19-2013</i> | |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | *Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification | | | |

| | | | | | | | |
|--|---------------------|--|--|--------------------|-------------------|-------------|--|
| Item # <i>1</i> | Item <i>CD-R</i> | | Brand Name <i>COMANCHE</i> | | Storage Location | Disposition | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | | Where Found <i>SR 9 / SR 92 LHS</i> | Weight of Narcotic | | | |
| Action # <i>3</i> | | | | | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | | |
| Owner Signature/Other remarks /additional information/ special instructions <i>PICS</i> | | | | | | | |

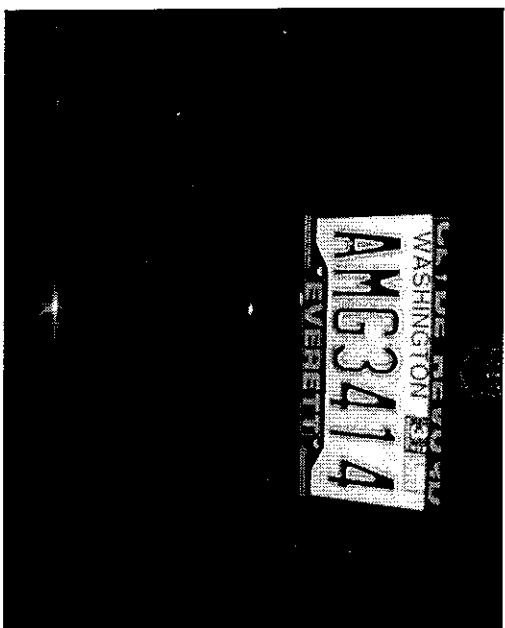
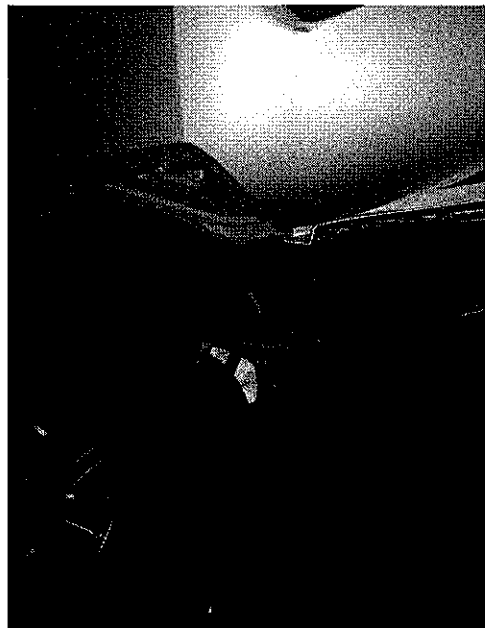
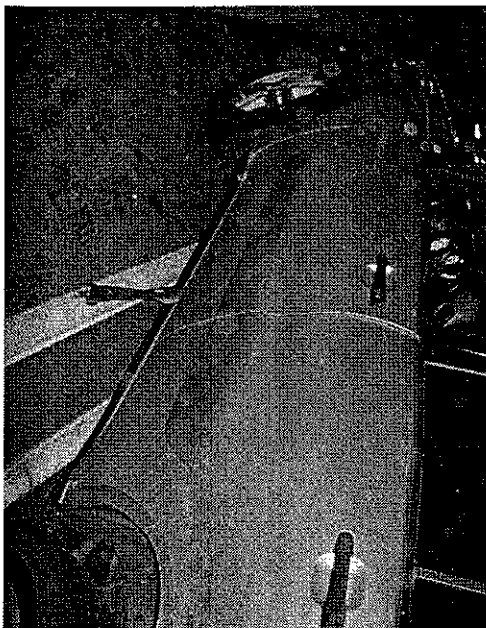
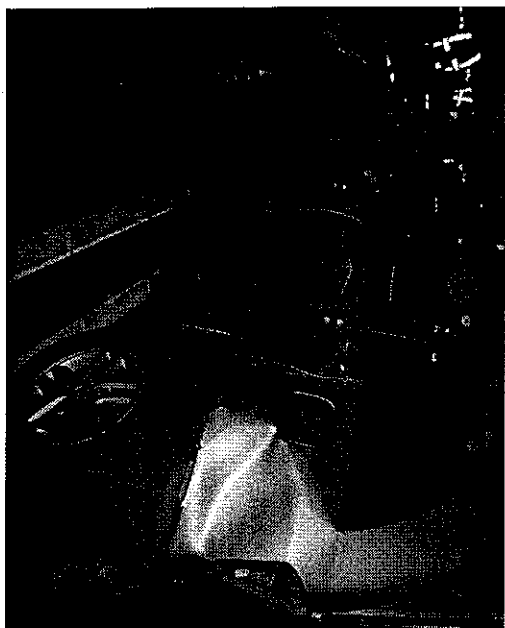
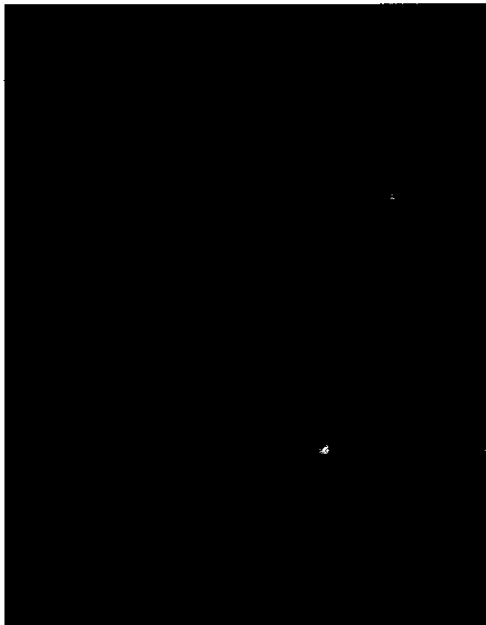
| | | | | | | | |
|---|---------------------|--|-----------------------|--------------------|-------------------|-------------|--|
| Item # | Item | | Brand Name | | Storage Location | Disposition | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | | Where Found | Weight of Narcotic | | | |
| Action # | | | | | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

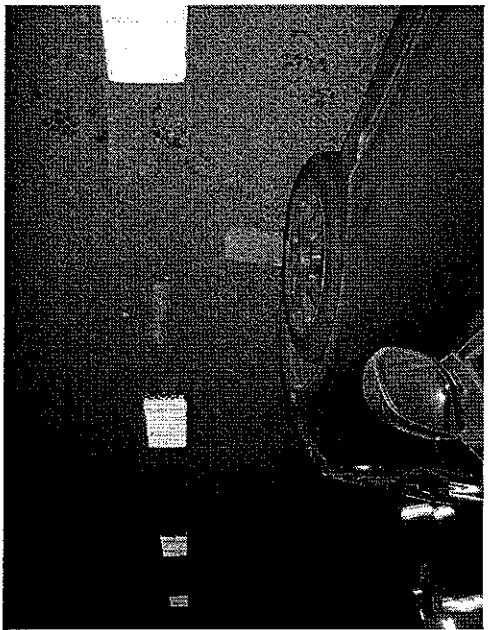
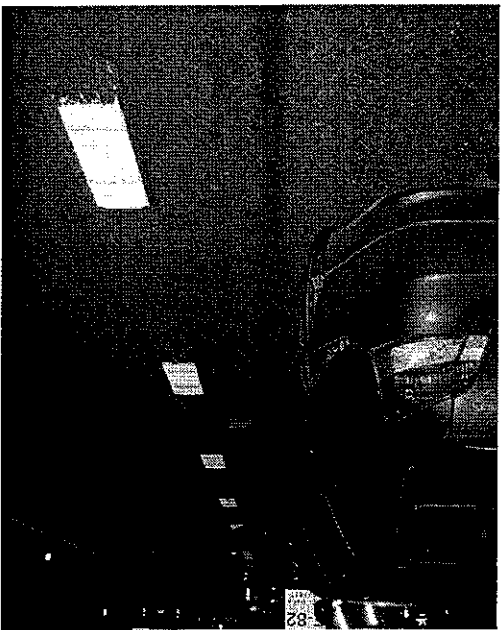
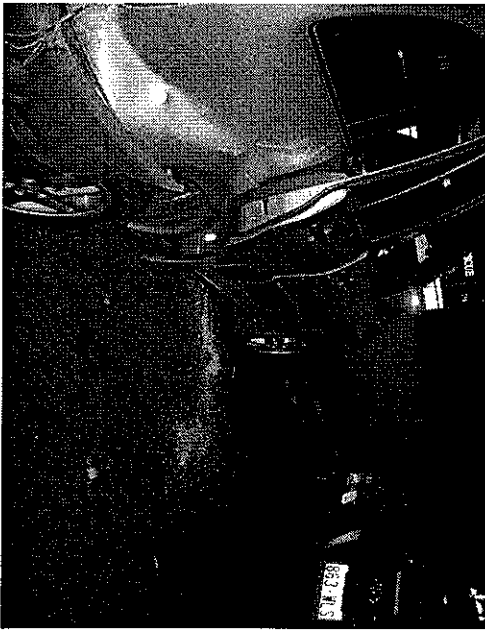
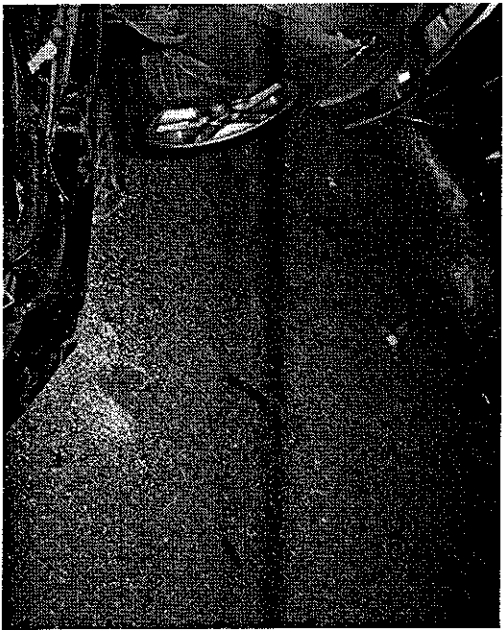
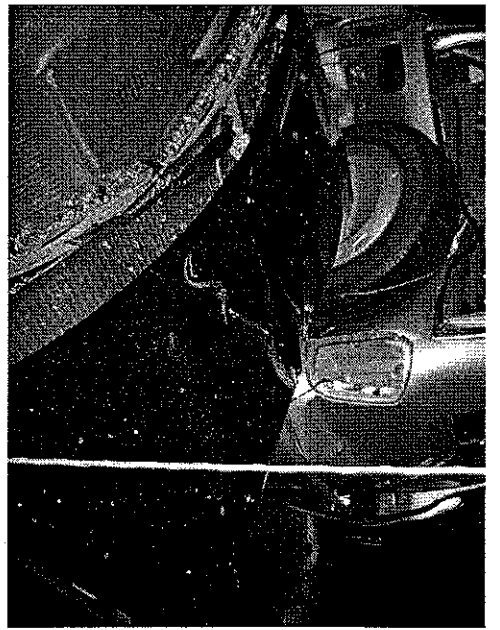
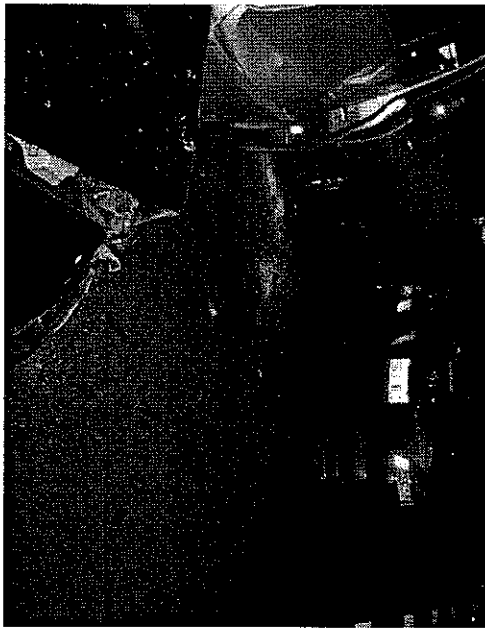
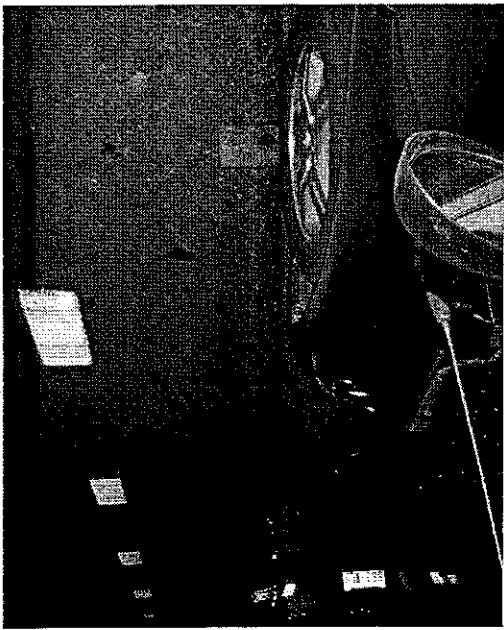
| | | | | | | | |
|---|---------------------|--|-----------------------|--------------------|-------------------|-------------|--|
| Item # | Item | | Brand Name | | Storage Location | Disposition | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | | Where Found | Weight of Narcotic | | | |
| Action # | | | | | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

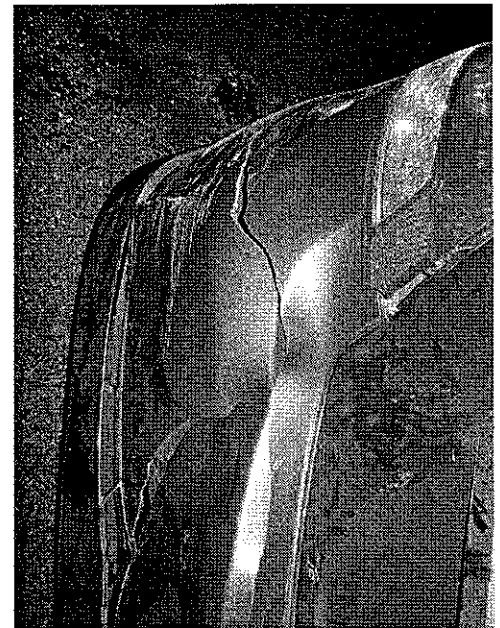
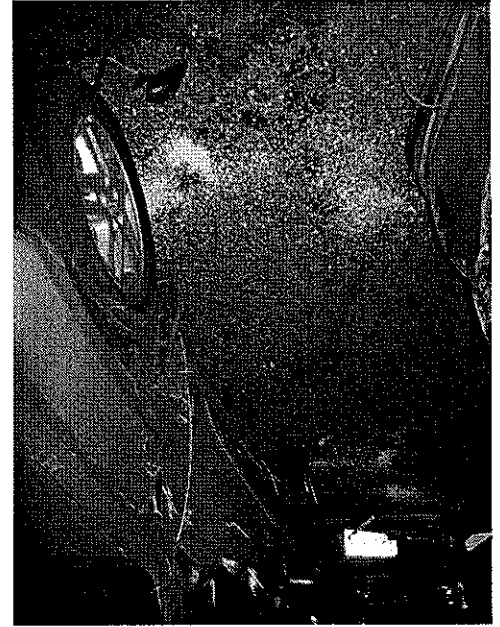
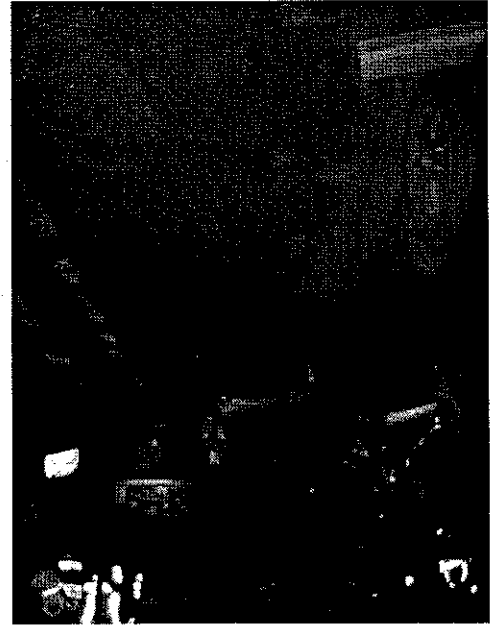
| | | | | | | | |
|---|---------------------|--|-----------------------|--------------------|-------------------|-------------|--|
| Item # | Item | | Brand Name | | Storage Location | Disposition | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | | Where Found | Weight of Narcotic | | | |
| Action # | | | | | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

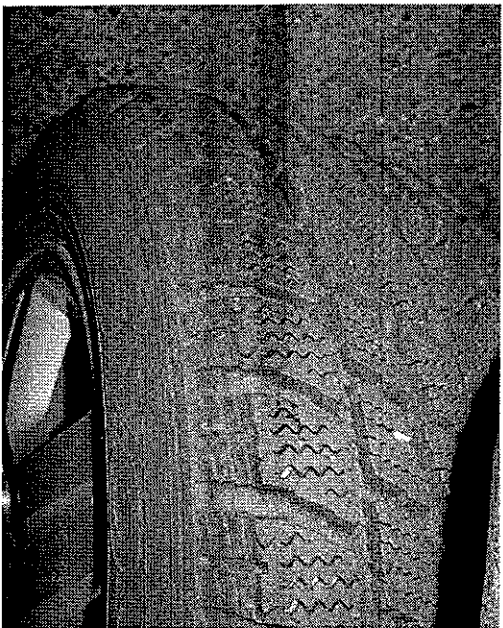
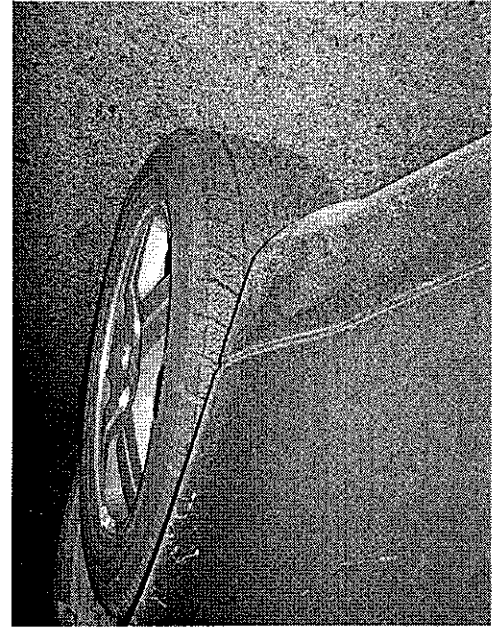
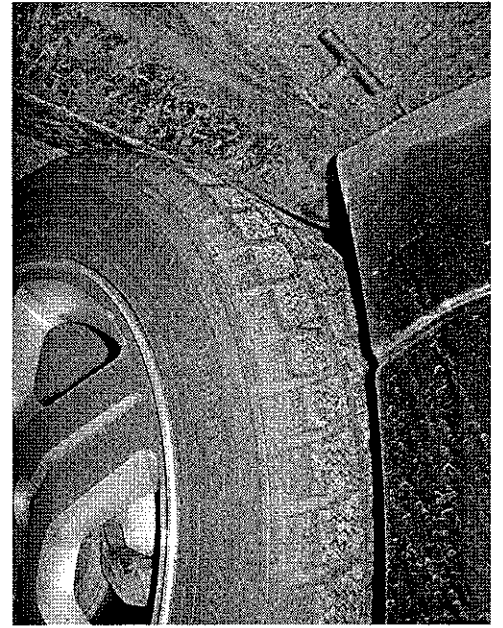
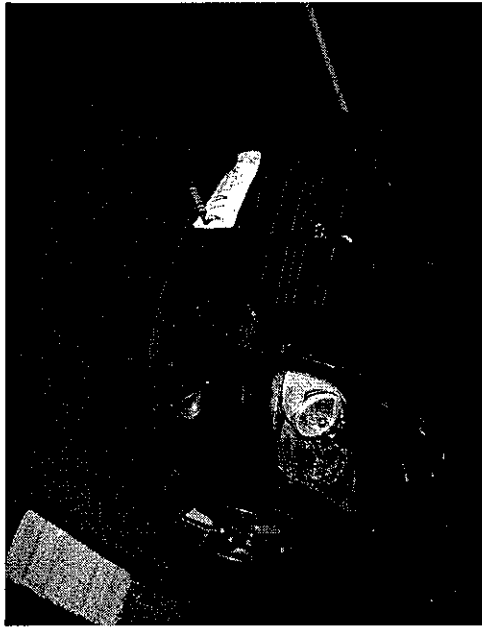
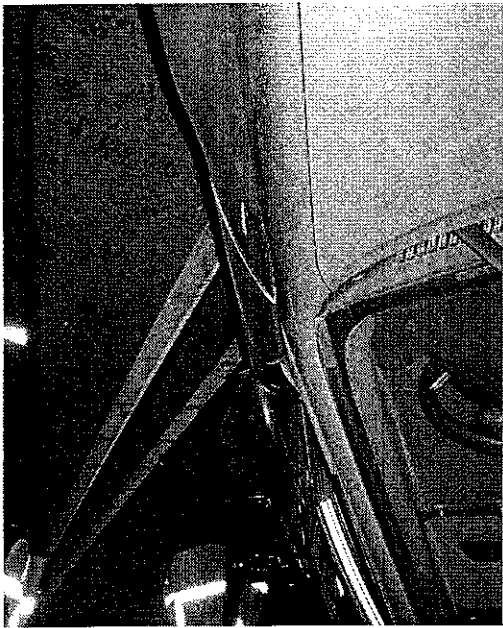
| | | | | | | | |
|---|---------------------|--|-----------------------|--------------------|-------------------|-------------|--|
| Item # | Item | | Brand Name | | Storage Location | Disposition | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | | Where Found | Weight of Narcotic | | | |
| Action # | | | | | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

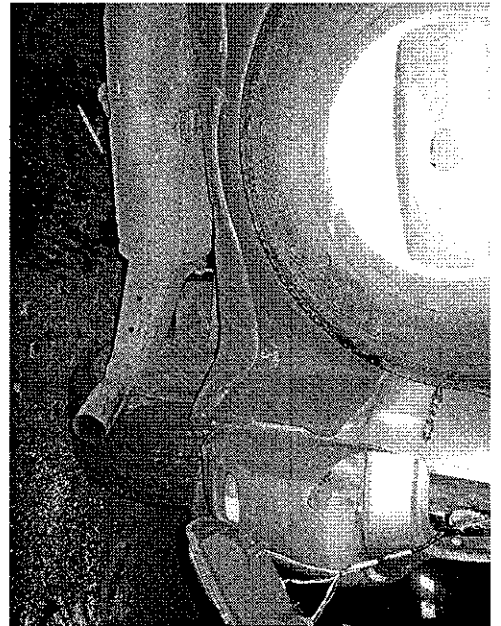
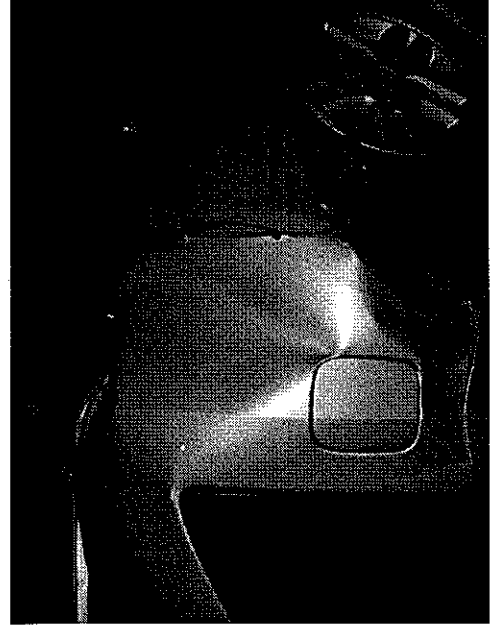
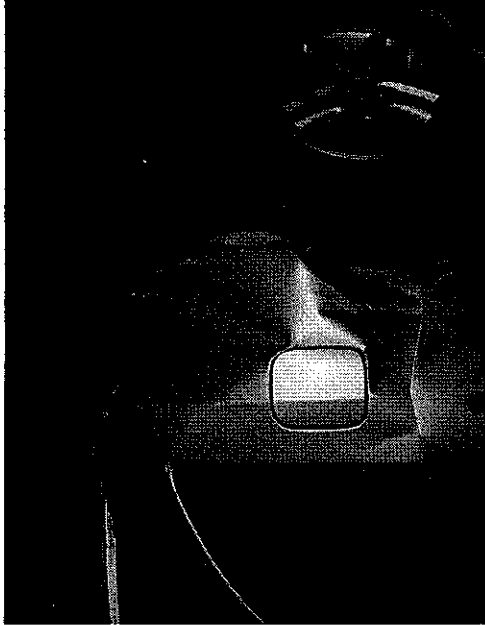
| | | | | | |
|----------------------------|--|--|--------------------|--|----------------------|
| Evidence Control Use Only: | | | | | |
| Received by Evidence: | | NCIC/WACIC <input checked="" type="checkbox"/> Date: | CAD/RMS Checked | | ROUTING: |
| Name: _____ # _____ | | NCIC/WACIC + Date: | Owner Letter Sent: | | White: Property Room |
| Date: _____ Time: _____ | | NCIC/WACIC - Date: | Owner Letter Sent: | | Yellow: Case File |

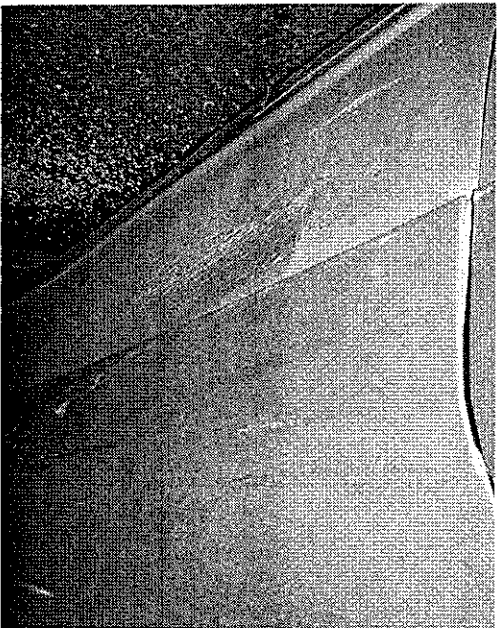
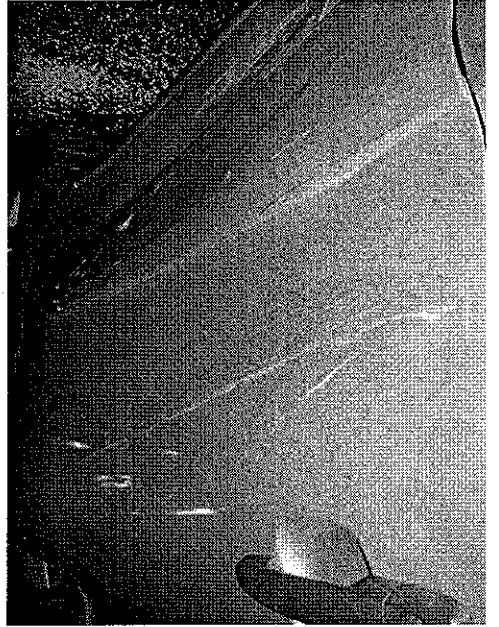
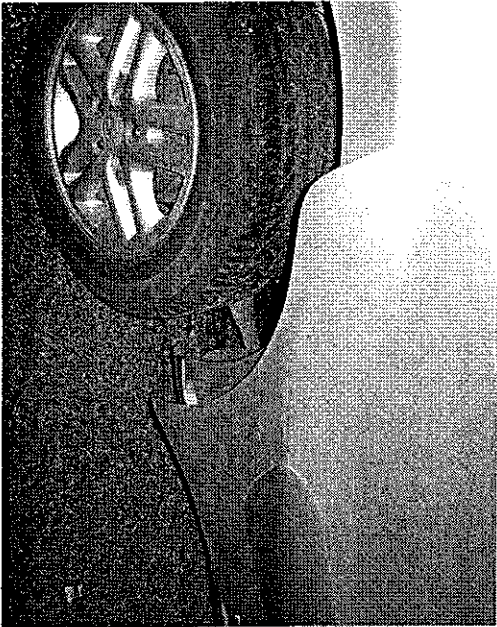
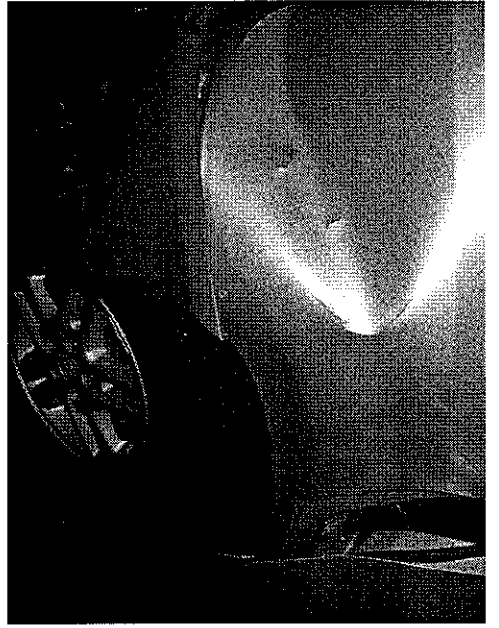
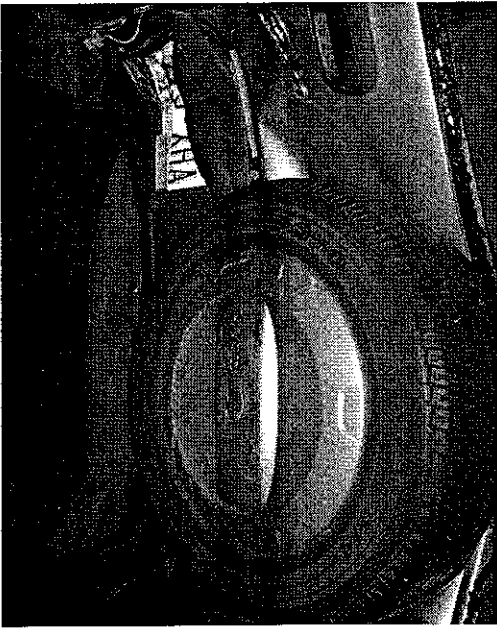


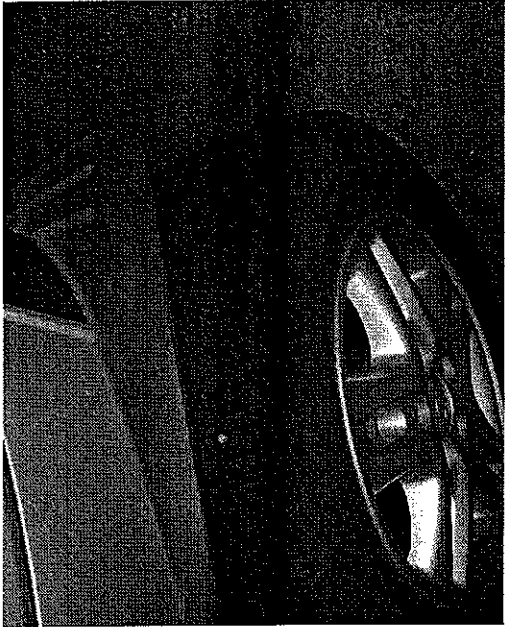
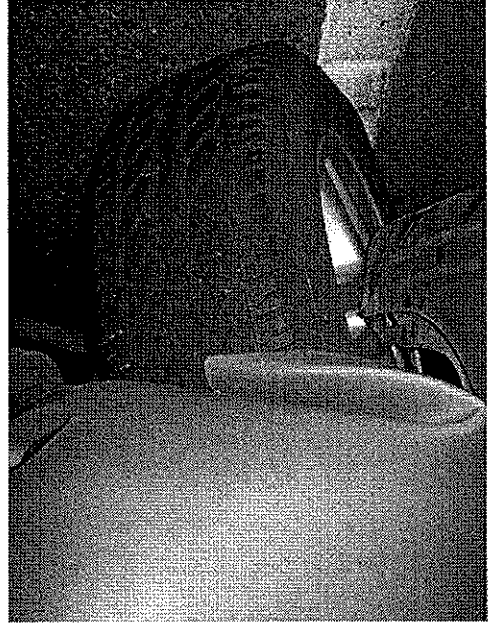








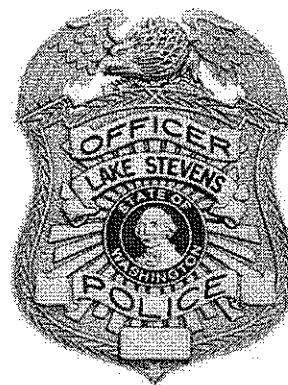




ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



| | | | |
|---------------------|--------------|--------|----------|
| TO: | SNO PAC | FAX: | |
| FROM: | M. H. NGTGEN | DATE: | 11-19-13 |
| CC: | | PAGES: | 4 |
| RE: VEHICLE IMPOUND | | | |

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

COLLISION

** If you have received this fax in error please notify the sender and destroy this document **

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

CONFIDENTIAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02927

TOW / IMPOUND
AND INVENTORY RECORD

VEHICLE INFORMATION

VIN

J T E H 4 2 0 V 6 1 0 0 6 6 4 0 7

LICENSE

779XAA

STATE

WA

YEAR

01

MAKE

TOYT

MODEL

RAV 4

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4 DR

COLOR

DRIVER

NAME (LAST, FIRST, MI)

WHITLOW, KRISTI M

STREET ADDRESS

7028 46TH ST NE

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

WHITLOW, KRISTI M

STREET ADDRESS

7028 46TH ST NE

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAMIE

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1839 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 3400 SR 9 NE

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

E-002

DATE

11/19/13

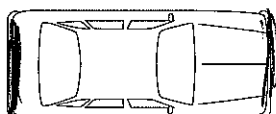
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

3 VEH COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X [Signature]

3NOH01SH

BADGE NO. 10

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-07927

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J T D B T 9 0 3 8 7 1 1 4 7 7 0 4

LICENSE

863 WLS

STATE

WA

YEAR

07

MAKE

TOYOTA

MODEL

YARIS

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4 DR

COLOR

GRAY

DRIVER

NAME (LAST, FIRST, MI)

ALONSO, BRIDGETT

STREET ADDRESS

16419 DOGWOOD LN

CITY, STATE, ZIP CODE

ARLINGTON, WA 98223

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

ALONSO, BRIDGETT

STREET ADDRESS

16419 DOGWOOD LN

CITY, STATE, ZIP CODE

ARLINGTON, WA 98223

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

WELLS FARGO

STREET ADDRESS

PO BOX 997517

CITY, STATE, ZIP CODE

SACRAMENTO, CA 95899

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1837 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING

TO REMOVE THIS VEHICLE FROM 3400 SR 9 NR (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

[Signature]

DOL TOW TRUCK NO.

01

DATE 11-19-13

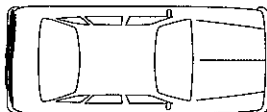
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

3 VEH COLLISION

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

[Signature]

SN 8140154

BADGE NO.

126

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02927

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM ____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 B 3 H B 4 8 B X 7 D 3 5 4 0 4 2

LICENSE

AMG 3414

STATE

WA

YEAR

07

MAKE

DODGE

MODEL

CALIBER

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4 Dr

COLOR

DRIVER

NAME (LAST, FIRST, MI)

O'LEARY, SHANNON

STREET ADDRESS

936 UNION AVE

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

O'LEARY, SHANNON

STREET ADDRESS

936 UNION AVE

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

CONSUMER PORTFOLIO SERVICES

STREET ADDRESS

P.O. Box 57071

CITY, STATE, ZIP CODE

IRVINE, CA 92619

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1834 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING GRANITE FALLS TOWING

TO REMOVE THIS VEHICLE FROM 3400 SR 9 NB (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5264-003 DATE 11-19-13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|--|--------------------------|-----------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED | <input type="checkbox"/> FRONT SHADE DAMAGED AREA | | |
| <input type="checkbox"/> KEYS [] | <input type="checkbox"/> R FRONT | | |
| <input type="checkbox"/> AUTO STEREO | <input type="checkbox"/> R SIDE | | |
| <input type="checkbox"/> AUDIO TAPES / CD'S [] | <input type="checkbox"/> R REAR | | |
| <input type="checkbox"/> CB RADIO | <input type="checkbox"/> L FRONT | | |
| <input type="checkbox"/> RADAR DETECTOR | <input type="checkbox"/> L SIDE | | |
| <input type="checkbox"/> TRUNK LOCKED | <input type="checkbox"/> L REAR | | |
| <input type="checkbox"/> SPARE TIRE | <input type="checkbox"/> REAR | | |
| <input type="checkbox"/> JACK | <input type="checkbox"/> TOP | | |
| <input type="checkbox"/> CHAINS | <input type="checkbox"/> UNDERCARRIAGE | | |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ | | |

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

3 VEH COLLISION

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X [Signature]

[Signature]

BADGE NO. 126

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check One)

Police Impound ☒ Private Impound ☐ Repo ☐MKE/ (Circle One) EVI EVIP EVRORI/ WA0311900LIC/AM/ 634114 LIS/ WA LIY/ 2014 LIT/ PC
VIN/ 1B3H1348B87D354042VYR/ 2007 VMA/ Dodge VMO Caliber
VST/ 4Door VCO/ UNK -not on report or DOLDATE OF IMPOUND / REPO: 11.19.13TOW COMPANY NAME: Granite Falls tow
TOW CO OCA/** 5264 PHONE #/ WIS. 212 3180
**(For Repossession Company with no DOL issued OCA, use 5999)Address Taken From: 3400 329th
City of Jurisdiction: Laurel Springs

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 11.19.13Entered By: 377WAC #: 12V0127360Rec'd By: 377Checked By: 11/19/2013
ORIGINAL

11/19/2013 TUE 19:26 FAX SNOPAC

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

13-02927

VEHICLE INFORMATION

| | | | |
|---|-------------|---------------|------------------|
| VIN 1B13HB488X70354042 | | | |
| LICENSE AMG 3414 | STATE WA | YEAR 07 | MAKE DODGE |
| MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital | | STYLE 4 Dr | MODEL CALIBER |

| DRIVER | REGISTERED OWNER | LEGAL OWNER |
|---|---|---|
| NAME (LAST, FIRST, MI) O'LEARY, SHANNON | NAME (LAST, FIRST, MI) O'LEARY, SHANNON | NAME (LAST, FIRST, MI) CONSUMER PORTFOLIO SERVICES |
| STREET ADDRESS 936 UNION AVE | STREET ADDRESS 936 UNION AVE | STREET ADDRESS P.O. BOX 57071 |
| CITY, STATE, ZIP CODE MARYSVILLE, WA 98270 | CITY, STATE, ZIP CODE MARYSVILLE, WA 98270 | CITY, STATE, ZIP CODE IRVINE, CA 92619 |
| PHONE DOB | PHONE | PHONE |

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1834 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING GRANITE FALLS TOWING
 (TOWING FIRM)
 TO REMOVE THIS VEHICLE FROM 3400 SR 9 NB

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature]DOL TOW TRUCK NO. 5264-003 DATE 11-19-13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|---|--------------------------|-----------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> FRONT SHADE DAM / BLED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____ | | |

INVENTORY / EVIDENCE

NARRATIVE OR DIAGRAM

3 BRK COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE [Signature]

SNOPAC

BADGE NO. 126

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

3000-110-076 (R 7/13)

SUPERVISOR

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check One)

Police Impound ☒ Private Impound _____ Repo _____MKE/ (Circle One) (EVI) EVIP EVR

ORI / WA0311900

LIC/ 863WLS LIS/ WA LIY/ 2014 LIT/
VIN/ JTDBT903871147704VYR/ 2007 VMA/ Toyota VMO Vanis
VST/ 4dr VCO/ (gray)

DATE OF IMPOUND / REPO: 11.19.13

TOW COMPANY NAME: Speedway towing
TOW CO OCA/** 5348 PHONE #/ 206.563.5620

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 3400 S 29th
City of Jurisdiction: Lake Stevens

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 11.19.13

Entered By: 277

WAC #: 277 0127382

Rec'd By: 277

Checked By:

11/19/2013 TUE 19:26 FAX --- SNOPAC

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

13-02927

VEHICLE INFORMATION

| | | | |
|--|----------------------------------|---------------|----------------|
| VIN JITJBT903871147704 | | | |
| LICENSE 863 WLS | STATE WA | YEAR 07 | MAKE TOYOTA |
| MILEAGE <input type="checkbox"/> Report of Sale | <input type="checkbox"/> Digital | STYLE 4 DR | COLOR GRAY |

| DRIVER | REGISTERED OWNER | LEGAL OWNER |
|--|--|---|
| NAME (LAST, FIRST, MI) ALONSO, BRIDGETT | NAME (LAST, FIRST, MI) ALONSO, BRIDGETT | NAME (LAST, FIRST, MI) WELLS FARGO |
| STREET ADDRESS 16419 DOGWOOD LN | STREET ADDRESS 16419 DOGWOOD LN | STREET ADDRESS PO BOX 997517 |
| CITY, STATE, ZIP CODE ARLINGTON, WA 98223 | CITY, STATE, ZIP CODE ARLINGTON, WA 98223 | CITY, STATE, ZIP CODE SACRAMENTO, CA 95899 |
| PHONE DOB | PHONE | PHONE |

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1837 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING
 TO REMOVE THIS VEHICLE FROM 3400 SR 9 NB (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 01 DATE 11-19-13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|---|--------------------------|-----------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____ | | |

INVENTORY / EVIDENCE

NARRATIVE OR DIAGRAM

3 VEH COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE [Signature]

SNOPAC

BADGE NO. 126

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

3000-110-078 (R 7/11)

SUPERVISOR

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check One)

Police Impound ☒ Private Impound ☐ Repo ☐MKE/ (Circle One) EVI EVIP EVRORI / WA031 1900LIC/ 779 XHIA LIS/ WA LIY/ 2014 LIT/ PCVIN/ 5TEHH20VLE100664C7VYR/ 2001 VMA/ TOYOTA VMO Row 4VST/ UD VCO/ unk - not on DOL or reportDATE OF IMPOUND / REPO: 11.19.13TOW COMPANY NAME: Speedway towTOW CO OCA/** 5348 PHONE #/ 360.563.5620

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 3400 8th neCity of Jurisdiction: lake Stevens

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 11.19.13Entered By: 277WAC #: 13V0127390Rec'd By: 277Checked By: 11/19/2013
11:19 AM
SNOPAC

11/19/2013 TUE 11:27 FAX

SNOPAC

UNIFORM WASHINGTON STATE
TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

13-02927

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 9A.50.050
☒ IMPOUND ONLY
☒ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM
☐ CHECK INDICATES DRIVER IS DWLS AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

DRIVER
 NAME (LAST, FIRST, MI)
 WHITMAN, KRISTI M
 STREET ADDRESS
 7028 46TH ST NE
 CITY, STATE, ZIP CODE
 MAPLEVILLE, WA 98270
 PHONE
 DOB

VEHICLE INFORMATION
 VIN
 JTH1EH420V610066407
 LICENSE
 779XAA
 STATE
 WA
 YEAR
 01
 MAKE
 TOYT
 STYLE
 4DR
 MODEL
 RAV4
 COLOR

☐ Rep of Sale

REGISTERED OWNER

NAME (LAST, FIRST, MI)

SAME

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/19/13 AT 1839
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE

PURSUANT TO RCW 46.55.085(1) AND HAVING PERSONALLY INVENTORED THE
 SPEEDWAY TOWING
 (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 3400 SR 9 NE

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOLBY TRUCKING

DATE 11/19/13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (TOWING FIRM'S SIDE) |
|---|--|--------------------------|-------------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED | <input type="checkbox"/> FRONT | | |
| <input type="checkbox"/> KEYS [] | <input type="checkbox"/> R FRONT | | |
| <input type="checkbox"/> AUTO STEREO | <input type="checkbox"/> R SIDE | | |
| <input type="checkbox"/> AUDIO TAPES / CD'S [] | <input type="checkbox"/> R REAR | | |
| <input type="checkbox"/> CB RADIO | <input type="checkbox"/> L FRONT | | |
| <input type="checkbox"/> RADAR DETECTOR | <input type="checkbox"/> L SIDE | | |
| <input type="checkbox"/> TRUNK LOCKED | <input type="checkbox"/> L REAR | | |
| <input type="checkbox"/> SPARE TIRE | <input type="checkbox"/> REAR | | |
| <input type="checkbox"/> JACK | <input type="checkbox"/> TOP | | |
| <input type="checkbox"/> CHAINS | <input type="checkbox"/> UNDERCARRIAGE | | |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> OTHER | | |

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOLLOWING IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

DRIVER'S SIGNATURE

DRIVER'S SIGNATURE

3800-110-078 (R 7/11)

SUPERVISOR

BADGE NO. 10